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<b>SERIAL NUMBER</b> 09/638,241	<b>FILING OR 371(c) DATE</b> 08/14/2000 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> 026,314-019
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## APPLICANTS

Bret A. Ferree, Cincinnati, OH;

## \*\* CONTINUING DATA \*\*\*\*\*

*MF* This appln claims benefit of 60/148,913 08/13/1999

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*MF* UNITED STATES OF AMERICA PCT/US00/14708 05/30/2000

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
10/02/2000

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

## ADDRESS

34263

## TITLE

METHODS AND APPARATUS FOR TREATING DISC HERNIATION AND PREVENTING THE EXTRUSION OF INTERBODY BONE GRAFT

<b>FILING FEE RECEIVED</b> 388	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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